

Case Number:	CM14-0159995		
Date Assigned:	10/03/2014	Date of Injury:	08/24/2011
Decision Date:	11/06/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male who reported an injury on 08/24/2011. The mechanism of injury was a fall. The diagnoses included depressive disorder, bilateral L5-spondylosis/spondylolisthesis, left rotator cuff full-thickness tear, and left post-traumatic thoracic outlet syndrome. Past treatments included physical therapy and medications. Pertinent surgical history was not provided. The clinical note dated 08/04/2014 indicated the injured worker complained of pain and difficulty sleeping. The physical exam revealed limited range of motion in the left shoulder, tenderness to palpation in the lumbar spine, and hypoesthesia in the left C8-T1 dermatome. Current medications included Butrans patch 5 mcg and Ambien 10 mg. The treatment plan included Ambien 10 mg. The rationale for the treatment plan was to help the injured worker with his difficulty sleeping. The Request for Authorization form was completed on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien®).

Decision rationale: The request for Ambien 10mg is not medically necessary. The Official Disability Guidelines indicate that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is a lack of documentation of the efficacy of the requested medication, as the clinical note dated 08/04/2014 indicated the injured worker complained of pain and difficulty sleeping. He had been taking the requested medication since at least 04/2014, which indicates a treatment plan longer than the guideline recommended short-term use of the medication. Additionally, the request does not indicate the quantity or frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Ambien 10mg is not medically necessary.